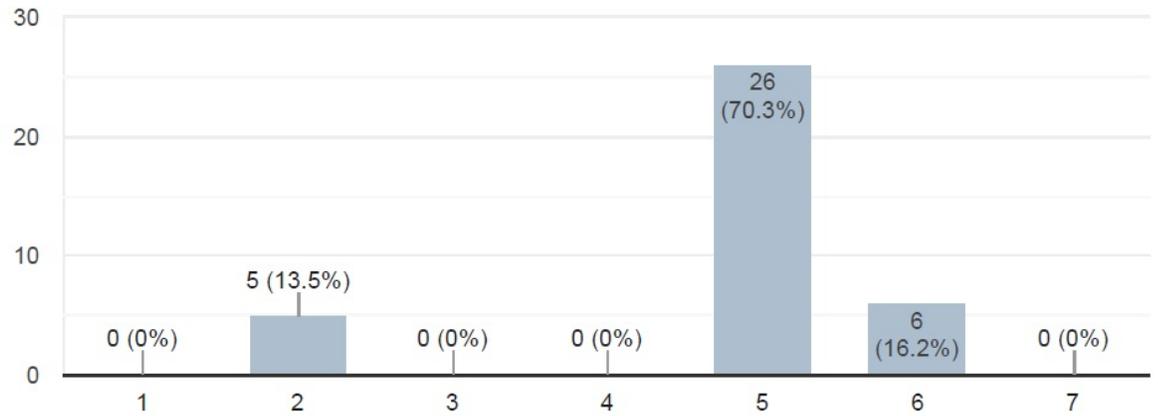


Report of Survey Questionnaire Four

Section 1: Non-invasive respiratory interventions

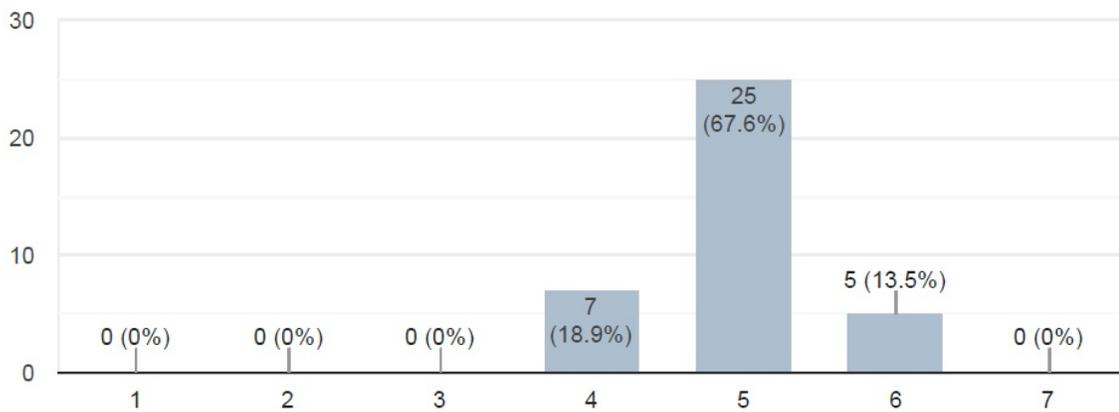
1. The pathophysiology of COVID-19 related acute respiratory failure (C-ARF) is similar to that of acute respiratory distress syndrome (ARDS).

37 responses



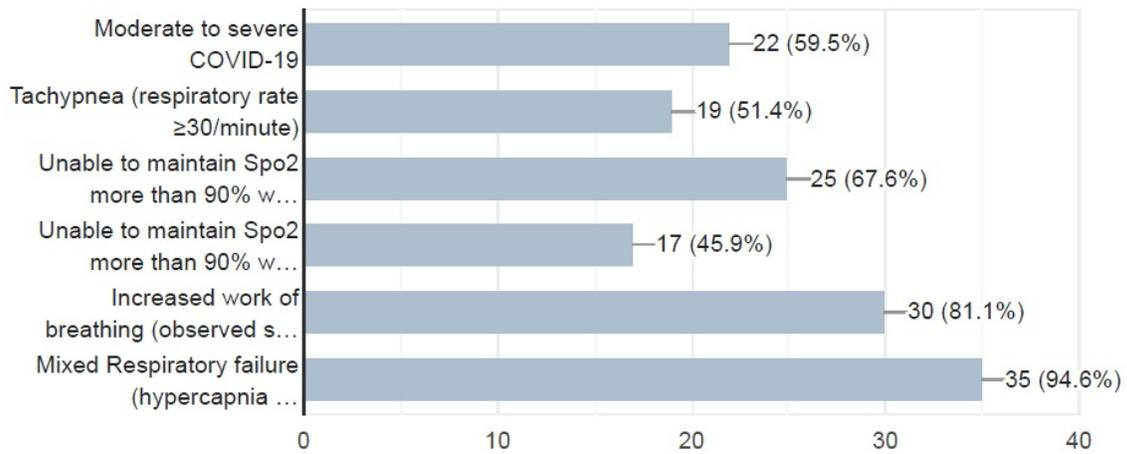
2. Based on your experience, HFNO may avoid the need for tracheal intubation and INVASIVE MECHANICAL VENTILATION in patients with C-ARF.

37 responses



3. NIV may be considered in the following clinical scenarios in patients with C-ARF?

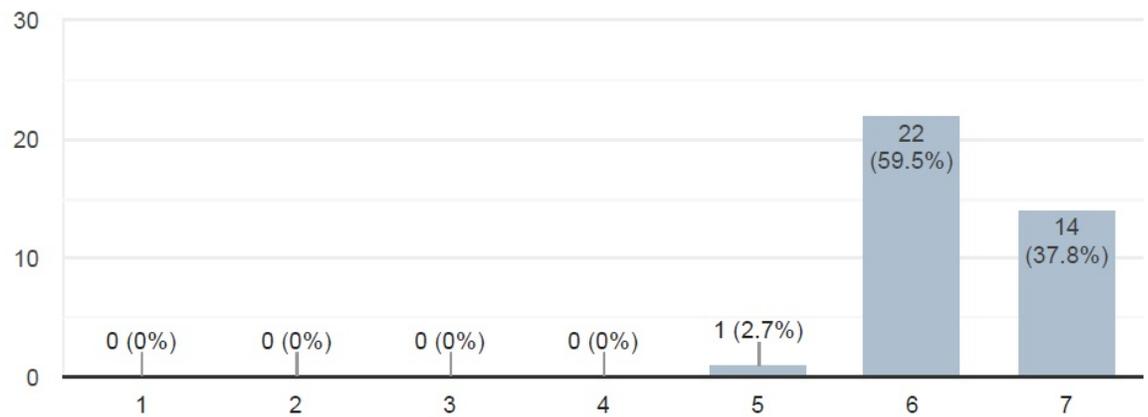
37 responses



Section 2: Invasive Mechanical Ventilation

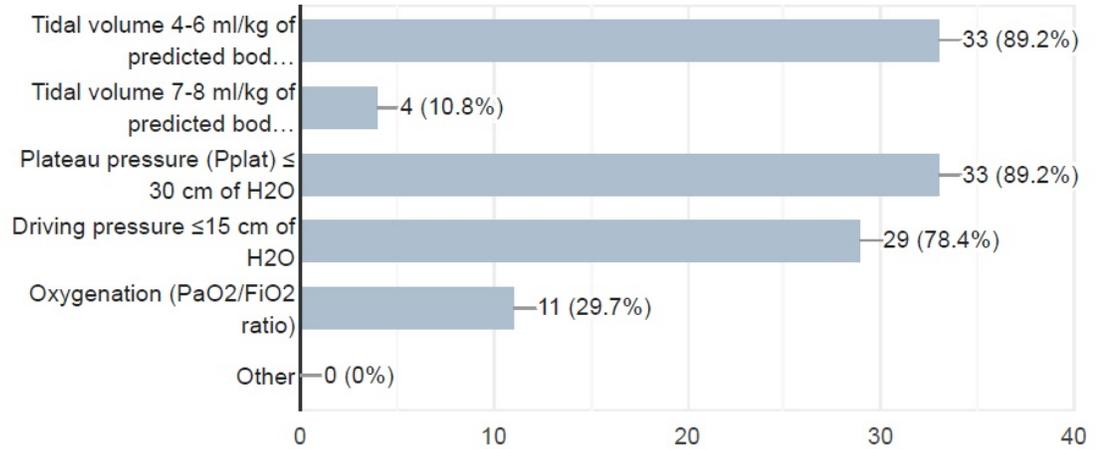
1. "Lung protective ventilation" should be used for patients with C-ARF on invasive mechanical ventilation.

37 responses



2. The invasive mechanical ventilation strategy in C-ARF should be targeted to the following?

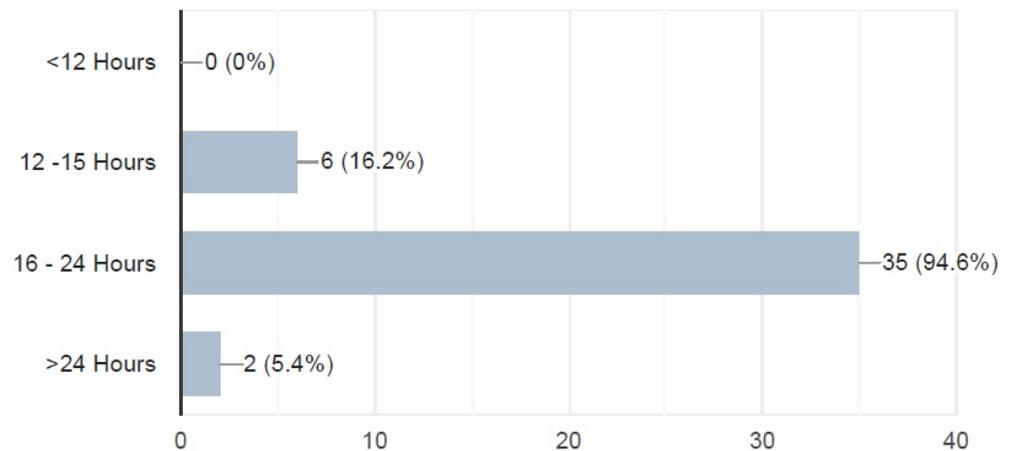
37 responses



Section 3: Refractory Hypoxemia

1. Prone position during invasive mechanical ventilation of C-ARF is effective when done for (duration per session)?

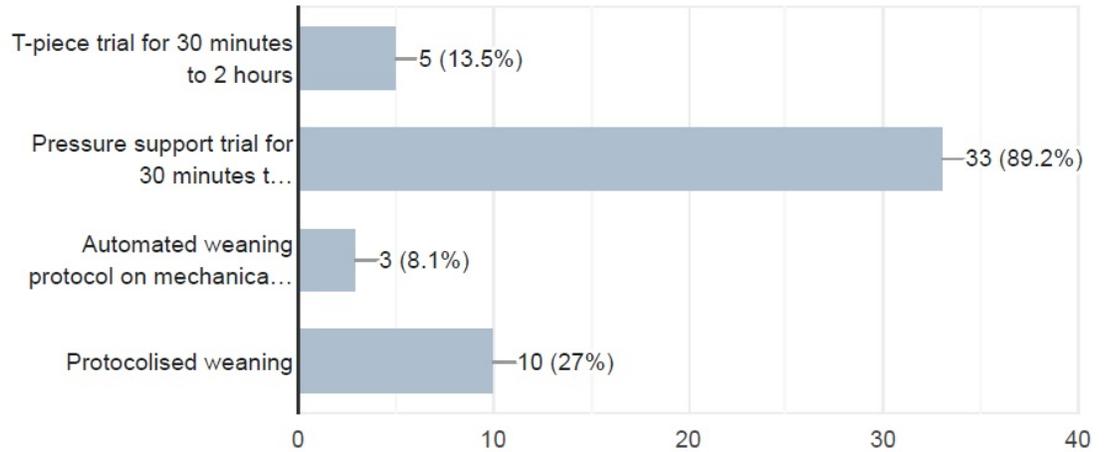
37 responses



Section 5: Weaning and Tracheostomy

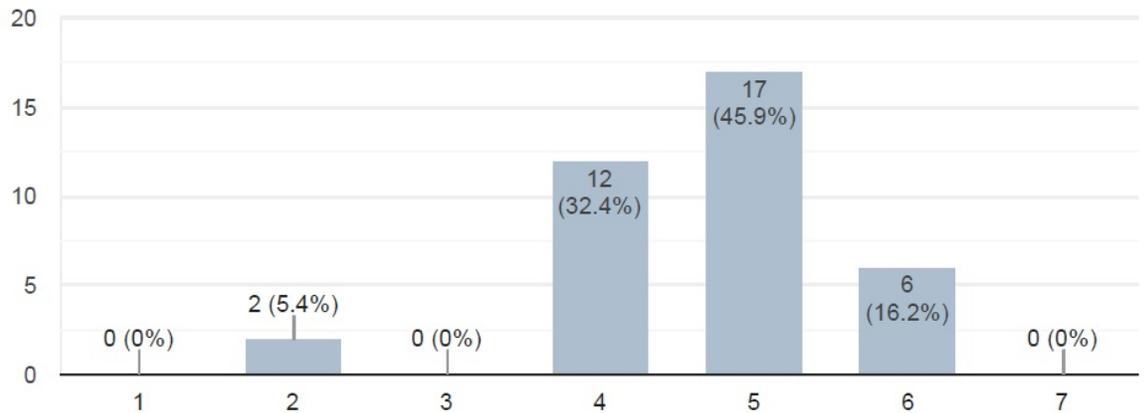
1. Which weaning strategy would you prefer for liberation from invasive mechanical ventilation in patients with C-ARF?

37 responses



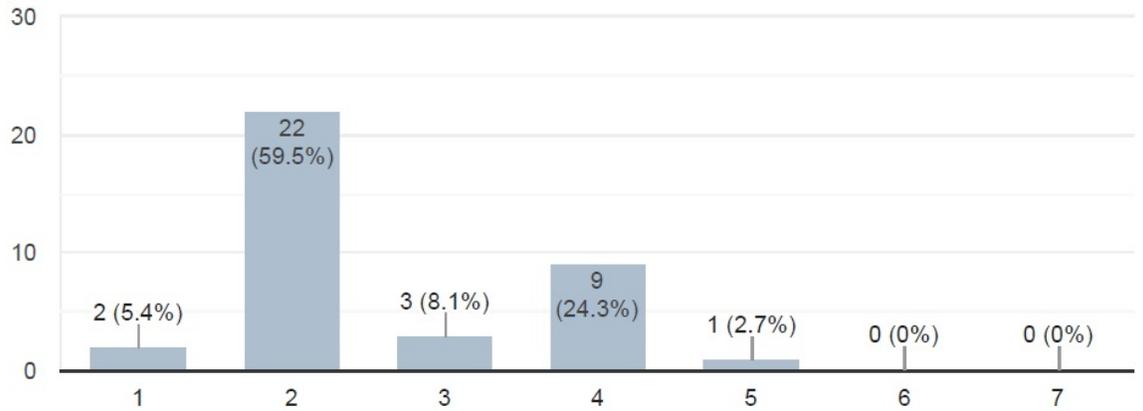
2. Chest physiotherapy could be beneficial in patients with C-ARF.

37 responses



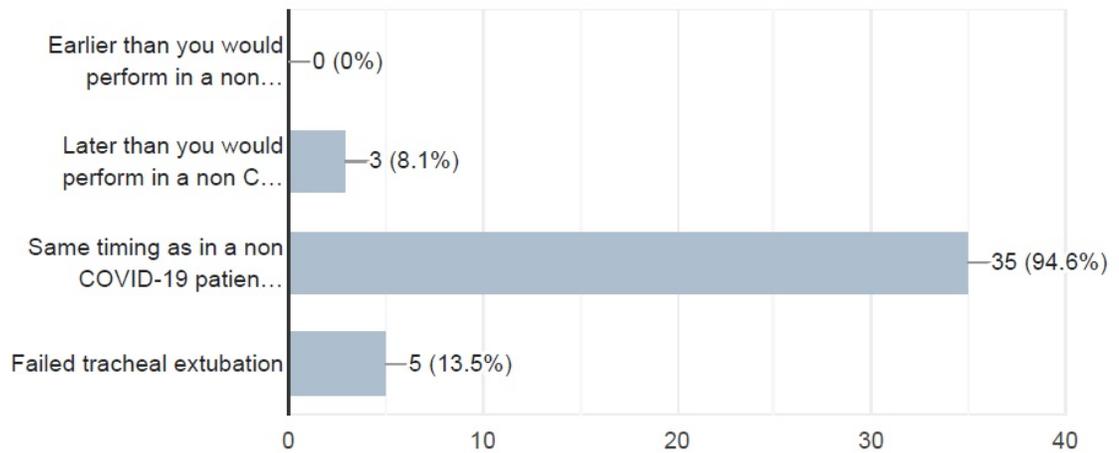
3. Delay in liberation from invasive mechanical ventilation has lower risk of reintubation in patients with C-ARF.

37 responses



4. When should tracheostomy be considered to facilitate weaning from invasive mechanical ventilation?

37 responses



5. Which of the following technique of performing tracheostomy is preferred in patients with C-ARF?
37 responses

